## FEC FORM 2

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STATEMENT OF CANDIDACY

SECRETARY OF THE SENATE

FEC FORM 2 (REV. 02/2003)

1. (a) Name of Candidate (in full), AMO PA UC US JAN -9 AH 9: 56
(b) Address (number and street)  Check Haddress changed  2. Identification Number
(c) City, State, and ZIP Gode TO POTE Amended
SAW An town 14 70 05 Statement (N) OR (A)  4. Party Affiliation   5. Office Sought   6. State & District of Candidate   1
Lemocatre USA Senote to distret 23
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE,
7. I hereby designate the following named political committee as my Principal Campaign Committee for theelection(s).  (year of election)
NOTE: This designation should be filed with the appropriate office listed in the instructions.
(a) Name of Committee (in full) A ma Ludmna Aguado mola USA Snatl
(b) Address (number and street)  3 Showwall Bhd
(c) City, State, and ZIP Code SAW ANDOWN TR 78256
DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)
<ol> <li>I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.</li> </ol>
NOTE: This designation should be filed with the principal campaign committee.
(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code
(c) only, oldid, and an oldid
DEGLADATION OF INTENTTO EVENT DEPOCALA FUNDO (Haves or Consta Only)
DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)  9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by
9A for the primary election, and
9B PA A D for the general election.
If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.
Signature of Candidate Date
alm trust NO PA Dec 22-8
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.
FE3AN039.PDF FEC FORM 2 (REV. 02/2003)

NAME AND AND PARTY DESCRIPTION OF A DESC

Allma Ludivina Aguado, M.D.,  $P_{ed}$ . 600 Division Ave, Suite G San Antonio, Texas 78214

ETHINE OF BUILDING OF

Snack Office 1501 180 114-0150C Washighon DC

2051040116

PAMELA B. GAVIN SUPERINTENDENT

HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-2116 PHONE: {202} 224-0322

## United States Senate

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